## NOTICE TO FILERS OF FCC FORM 395

EFFECTIVE SEPTEMBER 1, 2016, RESPONDENTS MUST FILE ALL FCC FORM 395 REPORTS, INCLUDING RESUBMISSIONS, IN WC DOCKET NO. 16-233 USING THE COMMISSION'S ELECTRONIC COMMENT FILING SYSTEM (ECFS).<sup>1</sup>

NOTE: DO NOT SUBMIT CONFIDENTIAL DOCUMENTS USING ECFS. CONFIDENTIAL DOCUMENTS MUST BE SUBMITTED ON PAPER TO THE OFFICE OF THE SECRETARY. ALL DOCUMENTS SUBMITTED THROUGH ECFS ARE MADE AVAILABLE TO THE PUBLIC.

All requests for confidential treatment of FCC Form 395 data should be filed consistent with Section 0.459 of the Commission's rules, 47 CFR § 0.459. A carrier seeking confidential treatment of certain Form 395 data must file a redacted (public) version of its Form 395 Report using ECFS, and also file a non-redacted version, for which confidentiality is requested, along with respondent's request for confidentiality, with the *Office of the Secretary, Federal Communications Commission*, 445 12th Street SW, Washington, DC 20554.

For a complete set of FCC Form 395 instructions, see <a href="https://www.fcc.gov/licensing-databases/forms">https://www.fcc.gov/licensing-databases/forms</a>. A Form 395, which is fillable in the Acrobat reader, follows this page.

<sup>&</sup>lt;sup>1</sup> See Wireline Competition Bureau Announces Transition of FCC Form 395 Common Carrier Annual Employment Report to Electronic Filing, Public Notice, DA 16-965, August 26, 2016.

## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

## COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Information	on															
1. Name and Mailing Address of Respondent Carolina Mobile Communications, Ltd. 700 N. Church Street Rocky Mount, NC 27804													Check here if this is a change of address.			
2. Year Report Filed 2017	g Period (End overed by Re	ling Date of Paport)	ay		Reporting	of Full-Time Er g Period (chec ewer than 16 (c		•								
SECTION II - Full-Time Employe	206	05 5	17				b. 🔲 16	or more (com	plete all sec	tions)					-	
SECTION II - Full-Time Employe		Number of Employees (Report employees in only one category)														
Job Categories		Race/Ethnicity														
		panic or atino					Not-Hispanic or Latino								Total	
	'	aurio			Ma	ale					Fen		Columns A - N			
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races		
	Α	В	С	D	E	F	G	н	1	J	к	L	М	N	0	
Executive/Senior Level Officials and Managers	1														0	
First/Mid-Level Officials and Managers 1.	2														0	
Professionals	2														0	
Technicians	3														0	
Sales Workers	4														0	
Administrative Support Workers	5														0	
Craft Workers	6														0	
Operatives	7														0	
Laborers and Helpers	В														0	
Service Workers	9				-										0	
TOTAL 10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PREVIOUS YEAR TOTAL 1	1														0	

SECTION III - Part-Time Emp	loyees.																
		Number of Employees (Report employees in only one category)															
Job Categories		Race/Ethnicity															
		panic or			Not-Hispanic or Latino												
		atino	Male Female												Total Columns		
	Male	Female	White	Black or	Native	Asian	American	Two or more	White	Disaless			Γ	_	A - N		
				African American	Hawaiian or Other Pacific Islander	Asian	Indian or Alaska Native	races	white	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races			
Franchisc / David Land	A	В	С	D	E	F	G	н	1	J	к	L	М	N	0		
Executive/Senior Level Officials and Managers	1.1				~										0		
First/Mid-Level Officials and Managers	1.2														0		
Professionals	2														0		
Technicians	3														0		
Sales Workers	4														0		
Administrative Support Workers	5														0		
Craft Workers	6														0		
Operatives	7														0		
Laborers and Helpers	8														0		
Service Workers	9														0		
TOTAL	10 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
PREVIOUS YEAR TOTAL	11														0		
SECTION IV - Report of Discri	mination Comp	laints Pursuai	nt to 47 CFR	22.321, 23.55	5, 90.168, 101.	.4, and 101.:											
This is to advise the company before an	e Commission th	at no complain	ts regarding	violations of th	ne equal emplo	ovment provi	sions of Fodo	ral, state, territe	orial, or loca	I statutes have	e been filed ag	ainst this					
This is to advise the	Commission the	at the following	complaints	alleging violati	ons of the pro	visions of an	v equal emple	vmont opports	inity statute I	have been file	d against this	company.					
(Attach a list indication	ang paraes myon	vou, uate illeu,	courts or ag	encies detore i	writch the mat	ter nas been	neard, file nu	mber or other o	designation,	and current s	tatus or dispos	sition.					
certify that to the best of my known	owledge, informa	ation, and belie	f, all stateme	ents in this repo	ort are true an	d correct.	-										
Date	yped or Printed I	Name of Perso					7			- 1	Telephone No.						
	loe L. Bro	e L. Brown Jr.					(252) 442-0145										
Title of Person Signing President			WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).											OCATION			